

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
 A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
McGowan		Michael	H

1. Office, Agency, or Court

Agency Name

Yolo County

Division, Board, Department, District, if applicable

Board of Supervisors

Your Position

County Supervisor

► If filing for multiple positions, list below or on an attachment.

Agency: Multiple- see attached

Position: _____

2. Jurisdiction of Office (Check at least one box)☐ State☐ Judge (Statewide Jurisdiction)☐ Multi-County _____☒ County of Yolo☐ City of _____☐ Other _____**3. Type of Statement (Check at least one box)**☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is ____/____/____, through December 31, 2010.

☐ Leaving Office: Date Left ____/____/____
(Check one)☐ The period covered is January 1, 2010, through the date of leaving office.☐ Assuming Office: Date ____/____/____☐ The period covered is ____/____/____, through the date of leaving office.☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 7☐ Schedule A-1 - Investments - schedule attached☒ Schedule C - Income, Loans, & Business Positions - schedule attached☒ Schedule A-2 - Investments - schedule attached☐ Schedule D - Income - Gifts - schedule attached☐ Schedule B - Real Property - schedule attached☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule
 herein and in any attached schedules is true and complete. I acknowledge this is a
 I certify under penalty of perjury under the laws of the State of California that
Date Signed 3/3/2011

(month, day, year)

Signature

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name <div style="text-align: center;">Michael H. McGowan</div>

▶ 1. BUSINESS ENTITY OR TRUST

Michael H. McGowan

Name

P.O. Box 1243 West Sacramento, CA 95691

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☒ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

____/____/10

ACQUIRED

____/____/10

DISPOSED

NATURE OF INVESTMENT

☒ Sole Proprietorship ☐ Partnership

☐ _____
Other

YOUR BUSINESS POSITION _____

▶ 1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

____/____/10

ACQUIRED

____/____/10

DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship ☐ Partnership

☐ _____
Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☒ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

____/____/10

ACQUIRED

____/____/10

DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold _____
Yrs. remaining

☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

____/____/10

ACQUIRED

____/____/10

DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold _____
Yrs. remaining

☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____

Michael H. McGowan

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

NAME OF LENDER* <hr/> B&L Properties <hr/> ADDRESS (<i>Business Address Acceptable</i>) <hr/> 97 Dobbins Street Vacaville, CA 95688 <hr/> BUSINESS ACTIVITY, IF ANY, OF LENDER <hr/> <hr/> HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	INTEREST RATE _____ % <input checked="" type="checkbox"/> None SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <div style="text-align: right;"><i>Street address</i></div> <div style="text-align: right;">_____</div> <div style="text-align: right;"><i>City</i></div> <input type="checkbox"/> Guarantor _____ <input checked="" type="checkbox"/> Other <u>Promissory Note</u> <div style="text-align: right;"><i>(Describe)</i></div>
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Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Michael H McGowan</u>

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

▶ NAME OF SOURCE <u>California Association of Counties</u>	
ADDRESS (Business Address Acceptable) <u>1100 K Street Suite 101</u>	
CITY AND STATE <u>Sacramento, CA 95814</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
<u>2010 Conferences & Annual Meeting</u>	
DATE(S): <u> </u> / <u> </u> / <u> </u> - <u> </u> / <u> </u> / <u> </u>	AMT: \$ <u>4373.00</u>
(If applicable)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income	
DESCRIPTION: <u>Transportation, lodging and meals</u>	

▶ NAME OF SOURCE <u>California Association of Counties</u>	
ADDRESS (Business Address Acceptable) <u>1100 K Street Suite 101</u>	
CITY AND STATE <u>Sacramento, CA 95814</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
<u>CSAC Executive Committee Conference</u>	
DATE(S): <u>10/06/10</u> - <u>10/08/10</u>	AMT: \$ <u>96.18</u>
(If applicable)	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: <u>Executive Committee Gift</u>	

▶ NAME OF SOURCE <u>California Association of Counties</u>	
ADDRESS (Business Address Acceptable) <u>1100 K Street Suite 101</u>	
CITY AND STATE <u>Sacramento, CA 95814</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
<u>NaCo Conference</u>	
DATE(S): <u>07/16/10</u> - <u>07/21/10</u>	AMT: \$ <u>83.30</u>
(If applicable)	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: <u>Finance Corp. Gift - Spouses meals</u>	

▶ NAME OF SOURCE <u>California Association of Counties</u>	
ADDRESS (Business Address Acceptable) <u>1100 K Street Suite 101</u>	
CITY AND STATE <u>Sacramento, CA 95814</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
<u>CSAC Executive Committee Conference</u>	
DATE(S): <u>10/06/10</u> - <u>10/08/10</u>	AMT: \$ <u>140.83</u>
(If applicable)	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: <u>Executive Committee Meeting- spouse's meals</u>	

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Michael H McGowan</u>

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<p>▶ NAME OF SOURCE <u>Tiechert</u></p> <p>ADDRESS (Business Address Acceptable) <u>35030 County Road 20</u></p> <p>CITY AND STATE <u>Woodland, CA 95695-9251</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3) <u>Metro Chamber's 2010 Cap to Cap</u></p> <p>DATE(S): <u>04 / 17 / 10</u> - <u>04 / 21 / 10</u> AMT: \$ <u>36.00</u> (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>Tiechert/Sutter Health Dinner</u></p>	<p>▶ NAME OF SOURCE <u>Sutter Health</u></p> <p>ADDRESS (Business Address Acceptable) <u>2200 River Plaza Drive</u></p> <p>CITY AND STATE <u>Sacramento, CA 95833</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3) <u>Metro Chamber's 2010 Cap to Cap</u></p> <p>DATE(S): <u>04 / 17 / 10</u> - <u>04 / 21 / 10</u> AMT: \$ <u>36.00</u> (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>Tiechert/Sutter Health Dinner</u></p>
<p>▶ NAME OF SOURCE <u>Granite Construction Inc.</u></p> <p>ADDRESS (Business Address Acceptable) <u>8950 Cal Center Drive Suite 201</u></p> <p>CITY AND STATE <u>Sacramento, CA 95826</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3) <u>Metro Chamber's 2010 Cap to Cap</u></p> <p>DATE(S): <u>04 / 17 / 10</u> - <u>04 / 21 / 10</u> AMT: \$ <u>87.04</u> (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>Diepenbrock/GenCorp/Granite/Mercy Brunch</u></p>	<p>▶ NAME OF SOURCE <u>GenCorp</u></p> <p>ADDRESS (Business Address Acceptable) <u>P.O. Box 537012</u></p> <p>CITY AND STATE <u>Sacramento, CA 95853</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3) <u>Metro Chamber's 2010 Cap to Cap</u></p> <p>DATE(S): <u>04 / 17 / 10</u> - <u>04 / 21 / 10</u> AMT: \$ <u>87.04</u> (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>Diepenbrock/GenCorp/Granite/Mercy Brunch</u></p>

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Michael H McGowan

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► NAME OF SOURCE

Catholic Healthcare West

ADDRESS (Business Address Acceptable)

3400 Data Drive

CITY AND STATE

Rancho Cordova, CA 95670

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

Metro Chamber's 2010 Cap to Cap

DATE(S): 04 / 17 / 10 - 04 / 21 / 10 AMT: \$ 87.04
(If applicable)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

DESCRIPTION: Diepenbrock/GenCorp/Granite/Mercy
Brunch

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: _____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: _____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: _____

Comments: _____

Michael H. McGowan
Supervisor, District One
Yolo County Board of Supervisors

2011

Form 700
Multiple Filing Agency

Delta Protection Commission

P.O. Box 530 Walnut Grove, CA 95690

✓ **Port of West Sacramento**

Kryss Rankin 1110 West Capitol Ave. WSac, CA 95691

River City Regional Stadium Financing Authority

Kryss Rankin 1110 West Capitol Ave. WSac, CA 95691

Sacramento Area Council of Governments

***Capitol Valley SAFE**

Rochelle Tilton 1415 L Street Sacramento, CA 95814

Sacramento Regional County Sanitation District

Attn: Linda Hill 10060 Goethe Road, Sacramento, CA 95827

Yolo County Board of Supervisors

Freddy Oakley 625 Court Street Woodland CA 95695

Yolo County Housing Authority

Freddy Oakley 625 Court Street Woodland, CA 95695

Yolo County Transportation District

Kathy Souza courier #34

✓ **Yolo-Solano Air Quality Management District**

AQMD 1947 Galileo Court #103, Davis, CA 95618

Yolo Indian Gaming Local Community Benefit Committee

Attn: Christopher Lee 625 Court St Rm 202 Woodland 95695